Safe Sleep Partnership

Tennessee Department of Health and Tennessee Birthing Hospitals
Background: Safe Sleep

• In 2011, the American Academy of Pediatrics released updated guidelines for infant safe sleep – *Update to “Back to Sleep”*

• Specific recommendations included:
  – *Infants should sleep alone (no bed-sharing)*
  – *Infants should sleep on their back*
  – *Infants should sleep in a crib or bassinette*
Background: Why Tennessee?

• Each year in Tennessee, nearly 600 infants die before reaching their first birthday
  – Twenty percent of infant deaths in Tennessee are attributable to preventable unsafe sleep practices¹

• Among sleep-related infant deaths in TN between 2009-2011¹:
  – 84% were not sleeping in a crib or bassinette
  – 68% were not sleeping alone
  – 46% were not sleeping on their back

¹ Tennessee Department of Health, Division of Family Health and Wellness. Child Fatality Review.
Background: Why Safe Sleep?

If we could eliminate these preventable sleep-related deaths, we would move from the bottom five states in infant mortality to the national average!
Background: Why Intervene?

• Health care providers may not always provide the most up-to-date information or model correct safe sleep practices
  – 2006 study: Only 52% of NICU nurses provided discharge instructions for exclusive back sleeping\(^1\)
  – 2007 study: Only 74% of pediatricians and 62% of family physicians recommended exclusive back sleeping\(^2\)
  – 2009 study: 72% of nurses knew back sleeping protective for SIDS; only 30% regularly placed infants on back\(^3\)

Background: Why Hospitals?

• AAP recommends that health care professionals endorse risk-reduction strategies
  – Nearly all (98.7%) of Tennessee births occur in hospitals¹

• What parents see matters!
  – 1998 study: Among parents who observed stomach sleeping in hospital, 93% intended to place infant on stomach at home²
  – 2001 study: Parents who saw exclusive back sleeping in nursery more likely to put baby on back at home³

1. Tennessee Department of Health, Division of Policy Planning and Assessment.
Background: What Can Be Done?

- Interventions are available for hospital use
  - Large metropolitan level II nursery: NICU staff education and trigger tool and rapid-cycle change → increased use of appropriate bedding and parent education\(^1\)
  - Large TX NICU: Safe sleep algorithm, crib card, education for staff/parents, crib audit tool, and postdischarge telephone reminders → increased supine positioning (39% → 83%); improved parental compliance (23% → 82%)\(^2\)
  - York, PA hospital: Educational DVD, face to face review with nurses, parental acknowledgement statement → improved parental intent for supine positioning (82% → 97%) and use of crib/bassinette (81% → 92%); improved understanding of AAP guidelines (75% → 99%)

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Hospital Incentive Bundle

- **Free** “Sleep Baby, Safe and Snug” board book for each birth in your facility
- **Free** TDH “ABC’s of Safe Sleep” materials
- **Free** Recognition on TDH website ([http://safesleep.tn.gov](http://safesleep.tn.gov))
- Signed certificate from TDH Commissioner
- Press release template
Hospital Requirements

• Identify main hospital contact for communication with TDH and submit intent pledge
• Develop hospital Safe Sleep policy
• Implement Safe Sleep policy, which at a minimum must include:
  – At least annual education to all perinatal staff (OB, peri/postpartum, and pediatrics) on safe sleep recommendations
  – Requirements for staff to model safe sleep recommendations
  – Plan for at least quarterly internal compliance audits with hospital policy
• Submit annual report on educational activities and staff compliance in order to receive books
Hospital Requirements

• Intent Pledge
  – Signature by one of the following: CEO, CMO, CNO, NICU or NBN Director
  – Commitment to develop safe sleep policy, train staff at least annually, implement safe sleep practices and conduct quarterly internal audits
  – Estimate number of births (inborns plus outborn transfers not previously discharged home)
Next Steps for Hospitals

• Identify main hospital contact and submit intent pledge
  – Send name, email address, and phone number to Rachel Heitmann
    (rachel.heitmann@tn.gov)

• Review sample hospital policies available on TDH website

• Develop and implement policy
Contact Information

• TDH Safe Sleep Website
  – http://safesleep.tn.gov

• Questions/information
  – Rachel Heitmann, Director of Injury Prevention and Detection
  – Email: Rachel.Heitmann@tn.gov
  – Phone: 615-741-0368
Partnership Acknowledgement

TENNESSEE DEPARTMENT OF HEALTH

THA
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Hospital Alliance of Tennessee
An Association of Not-for-Profit Community Hospitals